



BCCP

Player Registration Form 2021/22

First Name:

Surname:

Team: Bristol City Cerebral Palsy FC

Date of Birth:

Address:

Post Code:

Telephone Number 1

Telephone Number 2

Email Address: (Parent)

Allergies:

Covid Vaccinated:

Disability: Cerebral Palsy

Please add any additional medical / other information that could be of importance

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All information collected by BCCP to effectively administer matters relating to the league will be used in accordance with the Data Protection Act (1988) all players, parents and guardians are taken to have consented to this by signing this registration form.

We are also aware that photographs may be taken by authorised BCCP photographers and may be used for promotional purposes

Signed..... Guardian

Date / /